

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1	.	1			
3	1	.	1			
4	1	.	1			
5	1	.				
6	1	.				
7	1	.				
8	1	.				
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23	1	.				
24	1	.				
25	1	.				
26	1		1			
27	1	.	1			
28	25		1			
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	50	←	26	←		←
TOTAL CLAIMS	52		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						